

Spring 1994

Case Study: Supporting Resilience in Males

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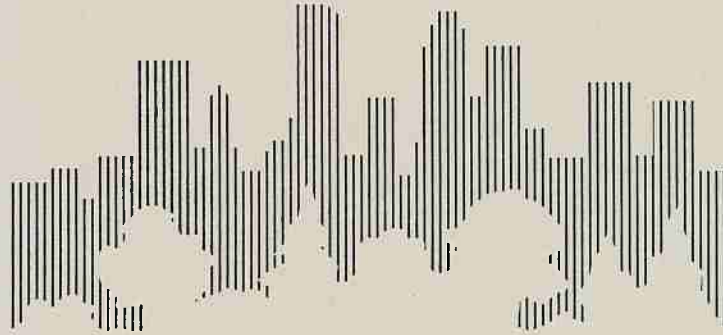
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Deborah Schurman Strand

**Case Study:
Supporting Resilience in Males**

1994

**MSW
Thesis**

Thesis
Strand

Case Study: Supporting Resilience in Males

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MALE RESILIENCE

Dedication

Thank you all at Southside Family Nurturing Center for your support and encouragement during my time with you. I believe that you not only support resilience for families who are part of your program but for your staff members as well.

I also want to thank my closest friends for their encouragement and interest in my studies. You have been loyal friends through a long period when I was unable to reciprocate. Thank you; Susan, Paula, Cathy, and Gail. A special thanks to you Susan for your fine editing and friendship. For my school friends, Kay and Linda, thanks for the camp memories, you made the experience richer.

Finally, for the important males in my life who supported my resilience for three very long years; my partner, Erik and children, Jacob and Joe, you are wonderful.

ABSTRACT OF THESIS

Case Study: Supporting Resilience In Males

Practice/Case Evaluation

Deborah Schurman Strand

Spring, 1994

This research is a case study of how Southside Family Nurturing Center (SFNC), an early childhood intervention center, encourages resilience in boys who are considered at-risk because of their exposure to adversity. In-depth, open-ended interviews with staff and parents were conducted to identify both the apparent risk and protective factors of two boys enrolled in SFNC's program and the ways staff supported protective mechanisms in these boys. This study found that SFNC's program supports individual and environmental protective factors for both the boys and their families.

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I: INTRODUCTION

"Every morn and every night,
Some are born to sweet delight,
Some are born to endless night."
(William Blake, 1757-1827)

We have only to watch the evening news to observe the truth in Blake's prose that some children are born into desperate lives. We see children exposed to the death of their family and friends in Bosnia. We view children removed from homes where they have been neglected and abused by their caregivers. We witness the devastating forces of poverty, racism, and neighborhood violence on children. We know that the effects of these negative forces will be hurtful to all of these children (Rutter, 1985; Garmezy & Masten, 1986; & Werner & Smith, 1989). Yet, some will survive and grow up to become competent adults. How do children live and grow in spite of these harsh environments?

The question of how and why some children are able to adapt in the face of adversity is a subject that has been studied for some time, and is the focus of this study. Literature in the area of child abuse seeks to understand the difference between maltreated children who grow up to become abusive adults and those who do not. Various studies have focused specifically on women and men

maltreated as children. A number of studies documented that boys are at risk of becoming perpetrators of abuse and violence when they are maltreated. Yet not all boys exposed to maltreatment grow up to become perpetrators of abuse (Fehrenbach, Smith, Monastersky, & Deisher, 1986; Gilgun, 1990, 1991; & Werner, 1989). Others have explored the variables that distinguish the difference between mothers maltreated as children who go on to abuse their children and those who do not (Egeland, Jacobvitz & Stroufe, 1988; Kaufman & Zigler, 1987).

The field of developmental psychopathology has examined these questions through research of the concepts: risk factors, protective factors, and resilience. Researchers in the area seek to identify the stressors (risk factors) that leave a child more vulnerable to negative outcome and the processes (protective factors) that support a child over time and life development and results in his/her good adaptation or resilience (Garmezy & Masten, 1986; Rutter, 1985, 1987; Werner & Smith, 1989, 1992).

"A prime area of research for the developmental psychopathologist is the search for both risk and protective factors as modifiers that contribute to individual variations in the adaptation of those presumed to be most vulnerable to behavior pathology" (Garmezy & Masten, 1986).

Researchers state that the cumulative effect of protective factors in one's life is more powerful than the effects of risks (Masten, Garmezy, & Best, 1990). This is an important concept, for it suggests that no matter the risks, protective factors mediate the negative forces of risk factors for people. The statement is

supportive of intervention and prevention since it offers hope to caretakers who want to change the outlook for children considered at risk because of profound stress they live with.

It is the purpose of this case study to explore how Southside Family Nurturing Center, an early childhood intervention center, intervenes and supports resilience in boys who are considered at risk because of their exposure to adversity. The study will identify both the risk and protective factors apparent in two boys enrolled in Southside's program and the ways staff supports protective mechanisms for these boys. Literature from the field of developmental psychopathology will be used as the theoretical framework to conceptualize both the risks and the protective forces children in this study are exposed to.

This research is based on the belief that early intervention and prevention can make a difference in the lives of children who are considered at risk. The study is also based on the belief that SFNC offers a program that supports protective factors for the children and their families, which in turn facilitates resilience.

While a significant body of literature exists about the concepts of risk, protection, and resilience, little has been written about their use in intervention settings. The study will explore the integration of these concepts into practice at Southside Family Nurturing Center.

Research Questions

The research questions proposed for the study are: What are the risk and

protective factors that the parents and staff identify in two boys; and how does staff support protective factors for these boys and therefore encourage resilience?

"Promoting resilience doesn't mean alleviating, or avoiding an issue, rather it means encountering a stressful experience or situation in a way that allows for self confidence and social competence to increase through mastery and appropriate responsibility" (Rutter, 1985, p. 608).

Overview of the study

The literature is reviewed in chapter II, while chapters III and IV define the terms and methodology of the study. The presentation of the findings are discussed in chapter V and the implications of those findings are examined in chapter VI. Chapter VII offers recommendations to SFNC based on the findings of this study.

II: REVIEW OF THE LITERATURE

Risk Factors

Early studies in the field of developmental psychopathology focused on identifying specific variables or factors that were thought to make a child vulnerable to behavior or personality disorders. The researchers asserted that risk factors were based either in a child's biology, for example low birth weight, or the child's environment, e.g., a parent with schizophrenia (Garmezy & Masten, 1986; Seifer & Sameroff, 1987; Werner & Smith, 1992). However, later risk research recognized that the interaction between environmental and biological risk factors was quite complex and many dimensional (Pellegrini, 1990). Understanding the complicated relationship between risk factors and individual development is described as a main goal in the field of developmental psychopathology (Cowen, Wyman, Work & Parker, 1990).

Garmezy and Masten (1986) identify risk factors as "elements operative in persons or environments that result in a heightened probability for the subsequent development of a disease or a disorder" (p. 509). Werner (1989) states that risk factors are both biological and psychosocial hazards that increase the probability of a negative outcome in individuals. Risk factors as defined by Garmezy, Masten, and Werner are processes which in the context of an individual's development and environment make one more vulnerable to a negative outcome. Risk is not an absolute concept; it is a relative concept which changes according

to circumstances. For example, a child who is extremely bright may be more sensitive to the chaos in his/her environment and be vulnerable to a poor adjustment.

Risks are not necessarily negative in and of themselves: being a male is defined as a risk factor because boys appear to be more vulnerable to negative outcomes than girls (Garmezy & Masten, 1986; Osborn, 1990; Werner, 1982). A child's gender becomes a risk factor because of its effect on outcome, not any inherent quality.

Temperament is another factor which may be perceived as a risk because of its effect on outcome (Kyrios & Prior, 1990; Luthar & Zigler, 1991; Rutter, 1987). Rutter states that children who have difficult temperaments are more likely than other children to become the scapegoats of parents who are angry or depressed. Luthar and Zigler (1991) describe a different outcome to temperament: a child who uses socially acceptable coping behaviors is perceived as successful in his/her environment. However, despite the child's good behavior s/he may not be emotionally healthy. Luthar and Zigler hypothesize that acceptable coping skills may also be expressed in symptoms such as depression or anxiety.

Developmental stages are also perceived as risk factors. Each new phase triggers change in a child's behavior which significantly impacts how his/her parents respond. According to Hallfin (personal communication, May, 1994), stages of development carry risk depending on the parents' own childhood history and their current level of well-being. Parents who were abused as children tend

to repeat their own experiences on their children (Gold, 1986) at similar stages of development. For example, a father who was punished during his toilet training is at risk of abusing his own child while she is being trained.

Gold (1986) and Hallfin (personal communication, May, 1994) both cite specific behaviors and stages that put parents at-risk of responding negatively to their children. Some of those behaviors are: 1) crying, whining, and temper tantrums; 2) thumb sucking; 3) increased mobility and touching; 4) toilet training; and 5) increased verbal skills, e.g., sassiness, saying "no", and verbally testing limits.

Cowen et al. (1990) and Pellegrini (1990) state that risk factors often come in clusters and their adverse effects are multiplicative rather than additive. Research indicates that the co-occurrence of risk factors has a negative cumulative effect on a child's adjustment (Garmezy & Masten, 1986). Many children grow up in environments where they are exposed to a number of ongoing stressful circumstances, or risk factors. Examples of these stressors are: child maltreatment, poverty, chronic family discord, and seriously disturbed parents (Cowen et al., 1990). Each one of these risk factors creates stress for a child. Clustered together, the stress is significantly more difficult to cope with. The increase in risk factors leaves a child many times more vulnerable to behavior problems and maladjustment (Cowen et al., 1990; Honig, 1986). "Mounting evidence suggests that negative psychological effects of multiple stressful life experiences and circumstances cumulate like lead poisoning" (Cowen & Work, 1988).

Studies have attempted to cite specific individual and environmental risk factors that are predictive of outcome for children. Researchers have determined a number of individual and environmental risk factors that forebode a poor outcome. However, given the fact that each person has his/her own unique temperament and disposition which operates in the context of environmental risks, it is difficult to conclusively predict outcome for any individual.

Risk factors have been determined to be both individual and environmental and their impact changes with life phases and developmental stages (Werner, 1989). Individual risk factors may include: gender, genetic history, temperament, low IQ, and biochemical defects (Gilgun, 1993; Werner, 1982). Environmental risk factors include: large family size, family turmoil marked by arguments and/or violence, verbal abuse, neglect, sexual abuse, poverty, family separations, illness/death, discrimination and prejudice, poor housing, violence in neighborhoods, friends/peers hurt by violence, and maternal psychiatric disorders (Garmezy & Masten, 1986; Gilgun, 1993; Werner, 1989).

Protective Factors

Protective factors are described by Rutter (1985, 1987) as influences which alleviate or alter a person's response to an environmental hazard. Protective factors are thought to be a quality, a mechanism, or a process which supports the individual through his/her life development and over time. "The protective factor need not be a pleasurable happening; protective factors are defined in terms of their effects not with respect to their qualities" (1985, p. 600). In many instances

protective factors are the opposite of risk factors. For example, being a girl seems to be a protective factor against disorder while being a boy leaves one more vulnerable to disorder (Garmezy & Masten, 1986). Studies have documented that girls appear to adapt better to stresses than boys do in the first decade of life (Werner, 1989).

The search for protective factors has been the focus of recent studies in the field of developmental psychopathology. Researchers hope to identify those mediating processes which enable individuals to beat the odds (Cowen et al., 1991; Seifer & Sameroff, 1987; Werner & Smith, 1992). Werner (1989) states that as the number of stressful life events accumulate, more protective factors are needed to counterbalance the risks. Like risk factors, protective factors are rooted in both the individual, the environment, and the complex interaction between the two.

The literature states that protective factors have a more generalized positive effect on an individual's adaptation in childhood, adolescence, and adulthood than do negative risk factors (Masten, Best & Garmezy, 1990; Werner, 1989). Gilgun (1991), a social worker, asserts in her studies of sexual abuse victims that protective factors and not the abuse itself affects the outcome of the abused individual. The studies cited above offer hope to the child who is exposed to stressful life circumstances; protective factors are powerful mediators (Pellegrini, 1990).

Garmezy classifies protective factors in three main categories: 1)

dispositional attitudes of the child, such as positive temperament, autonomy, sociability, and positive self-esteem; 2) attributes of the family milieu, including family cohesion, warmth, and the absence of neglect; and 3) attributes of the extra-familial social environment which include the availability of social supports and external resources (cited in Pellegrini, 1990). The protective factor identified in the literature as the most important variable to impact outcome is the presence of supportive persons.

Perhaps the most frequently mentioned protective mechanism is the parent-child relationship. Bowlby's (1988) attachment theory underscores the importance for a child to experience a warm, nurturing relationship with at least one parent. When the child experiences the security from that relationship s/he is able to explore and impact his/her world. The literature supports the view that an early positive relationship with a caregiver lays a solid foundation for the child's later development (Cowen et al., 1991; Werner, 1988).

For children who experience ongoing stress, the need for a caring adult is critical in order to moderate the effects of stress and build competence (Farber & Egeland, 1987; Garmezy, 1991; Garmezy & Masten, 1986; Luthar & Zigler, 1991; Masten, Best, & Garmezy, 1990; Osborn, 1990; Werner, 1989). "Parents and other caregivers function as the first environmental protective agents of development" (Masten, Best, & Garmezy, 1990, p. 438). Cowen et al. (1990) state that both individual and family variables relate to positive outcomes in the face of environmental stressors.

Individual protective factors are also cited as extremely important in fostering resilience in children. These individual factors include: the child's own genetic endowments (personality attributes, dispositional attributes, his/her sense of autonomy and control), communication skills, average intelligence, empathy, sensitivity to own internal states, and developmentally appropriate understanding and behaviors of sexuality (Garmezy & Masten, 1986; Gilgun, 1991, 1993; Masten, Best & Garmezy, 1990; Werner, 1989). Other protective factors stated in the literature are positive sibling relationships, support from extended family or kinship networks, and safe neighborhoods.

Resilience

An individual who successfully adapts to his/her environment despite risk is said to be resilient. For example, a woman who is maltreated as a child but grows to be a successful adult is called resilient. Werner and Smith (1989) define resilience as someone who "works well, loves well, and expects well, notwithstanding profound life adversity" (p.3). Others define resilience as a capacity for positive outcome, recovery from adversity, and adaptation despite major life stress (Begun, 1993; Masten, Best, & Garmezy, 1990; Cowen et al., 1990).

Farber and Egeland (1987) conducted a longitudinal study on a group of maltreated children from birth through preschool in an attempt to identify factors that made a child less vulnerable to the effects of his/her environment. They found that at different developmental stages some of the children appeared to be

resilient to stressors while others were not. However, no child was consistently competent or resilient throughout the five years of assessments.

Farber and Egeland's (1987) study makes an important point: labeling children invulnerable to stress is unethical, since no child remains untouched by a harsh environment even though s/he appears competent. The authors note that while some children adapt coping strategies which help them adjust to their situation, they may not be emotionally healthy.

Werner's (1989) longitudinal study of children from at-risk backgrounds also attempted to identify characteristics that contributed to successful adaptation, or resilience. Werner, like Farber and Egeland, found that vulnerability and resilience were relative concepts which changed over time and under certain conditions for the children in the study. Werner found that each developmental stage created a disequilibrium which destabilized the child's coping mechanisms and heightened his/her vulnerability. "...the balance changes with life cycles and gender" (p.80).

Resilience then, is not a fixed attribute which keeps individuals invulnerable to stress. It is a quality which changes over time and is affected by genetic and environmental factors (Osborn, 1990; Mrazek & Mrazek, 1987). Given the changing dynamic between environmental and individual factors, there is no absolute way to predict resilience. "Despite some adults' wishful thinking, there are no super children who are impervious to all stress in life" (Honig, 1986, p.51). As others have noted, the challenge is to identify the personal characteristics and

life circumstances which compensate for risks and foster resilience (Osborn, 1990; Mrazek & Mrazek, 1987).

"Resilience is not a thing born into children. It reflects an outcome, under trying life conditions, that rests on felicitous combinations of child attributes, the family environment in which children are reared, and important interactions between these components" (Cowen et al., 1990, p. 209).

Intervention and Prevention

While the literature in the area of developmental psychopathology does not primarily focus on intervention and prevention, many of the studies included statements regarding the need for more research in the area and the acute need for intervention (Mrazek & Mrazek, 1987). Some of the researchers had opinions about the kind of intervention necessary to promote prevention and these are outlined below.

"Life involves unavoidable encounters with all manner of stressors and adversities. It is not realistic to suppose that children can be so sheltered that they can avoid such encounters" (Rutter, 1987, p. 326). Rutter succinctly points out a truth that many parents and caregivers wish were not so: children cannot be sheltered from all encounters with difficulty. However, caregivers and parents who nurture and support their children through stress have an enormous impact on how their children cope with life's adversities.

Cowen et al. (1990, 1991) found that parents of children who rated high in resilience had a positive self concept, expressed satisfaction with their lives, and

had available support from others. Cowen et al. speculate that parents with more personal resources are better able to cope with stress themselves. These parents act as positive role models for their children and are able to offer needed support during times of stress.

In order for parents to be able to offer support to their children, they first need to be supported. External conditions in the environment such as unemployment and poverty has a devastating impact on family stability (Logan, Freeman & McRoy, 1990). Parents who struggle with poverty, racism, and violence in their neighborhoods are often overwhelmed by environmental obstacles. These parents need the support of their own community and family in order to put energy into supporting their children (Osborn, 1990). "The availability of supports for parents can strongly affect coping skills among high risk families" (Luthar & Zigler, 1991, p. 16).

Cowen and Work (1988) see the goals of intervention as providing stress-protective mechanisms, e.g., support, problem-solving skills, anger control, communication, and an inner sense of control, to children who are believed to be at risk. Some researchers suggest that the school setting can operate as an intervention site for children who are experiencing stress at home (Honig, 1986; Garnezy, 1991). School may be an environment where children can learn how to solve problems, communicate and experience the internal control that Cowen and Work believe is vital to a better outcome.

Others emphasize the need to include the whole family in any kind of

intervention: preventive interventions that focus exclusively on the child do not take into consideration the power and impact of the family (Cowen et al., 1990). Meisels (1992) states that in order for intervention to be successful, it must be understood within the context of a child's family and community: the intervening agent must work with the child and his/her family in tandem and in context.

Literature in the field of social work underscores the need to include the whole family in intervention. Hartman and Laird (1983) advocate an ecological perspective when intervening with individuals and families. The ecological orientation stresses the need to understand the individual in the context of his/her family, the family in the context of the larger environment, and the transactional relationships within these systems (Germain, 1991).

No matter the method of prevention and/or intervention, it is quite clear that in order to stop the downward spiral of children exposed to adversity, prevention and intervention must occur.

"There are too many profoundly stressed children in modern society. The prospective savings to such youngsters and to society that can accrue from preventing personal misfortune and failure, from transforming unproductive lives to productive ones, are considerable" (Cowen & Work, 1988, p. 602).

III: OPERATIONAL DEFINITIONS

Key concepts and their operational definitions for this study are as follows:

Risk Factor - is identified as a process or an element which in the context of an individual's development and environment makes one more vulnerable to a negative outcome.

Protective Factor - is described as a quality, a mechanism, or a process which supports the individual through his/her development and alters or alleviates his/her response to an environmental hazard.

Resilience - is described as a capacity for positive outcome, recovery from adversity, and adaptation despite major life stress. Werner and Smith (1989) define resilience as someone who "works well, loves well, and expects well, notwithstanding profound life adversity" (p. 3).

Maltreatment - is defined in this research as sexual abuse, physical abuse and/or neglect, and emotional abuse and/or neglect.

IV: METHODOLOGY

Rationale for Subject Selection

Southside Family Nurturing Center (SFNC) is a non-profit, early intervention program in the Phillips neighborhood of Minneapolis. Southside provides individualized treatment programs for infants, toddlers, pre-schoolers and their families who are at risk for physical, emotional and sexual abuse and neglect. SFNC was chosen as the subject for this case study since the families it works with experience a number of risk factors. Environmental factors such as poverty, racism, violence in the family and community, parental chemical abuse, and a lack of support systems put the children at-risk for developing problems (Flournoy, 1990). All of the families served by SFNC have incomes below the poverty level, eighty percent of the parents are single mothers, fifty percent of the mothers were under age 18 when they had their first child, and forty percent of the mothers did not graduate from high school. Of the children in the program, eighty percent exhibited serious emotional problems and eighty five percent demonstrated mild to moderate developmental delays at intake (Flournoy, 1990).

This research is a case study of how Southside Family Nurturing Center encourages resilience in boys by supporting both individual and environmental protective factors. In-depth, open-ended interviews with staff and parents were conducted to illustrate that support.

Subject Selection

Gender has been described as a variable that affects outcome for children; being born male leaves a child more vulnerable to poor outcome in the first ten years of life (Garmezy & Masten, 1986; Rutter, 1985; Werner, 1989). Gilgun's (1990, 1991) studies on sexual abuse suggest that boys who have been exposed to maltreatment are more at risk of becoming perpetrators of abuse than girls. Since boys are believed to be at-risk of acting out the maltreatment they either experience or witness, the researcher decided to limit the study to boys in the hope of identifying protective factors which may support resilience.

In an effort to be sensitive to parent participants, only parents enrolled in Southside's program for two years were asked for an interview. Staff believed that parents receiving services from Southside over time had attained a level of trust in Southside's program and may be more comfortable sharing personal information in an interview than parents new to the program. The director suggested names of mothers from SFNC who had been in the program for two years and had male children. The number of parents fitting the criteria was quite small and became smaller when several of the families experienced a crisis and were unavailable for an interview. The director suggested two mothers who would be appropriate for the interview. The researcher verbally requested the mothers to participate in the study and once they agreed, staff working with either the child or the parent were also asked to participate. Permission was received by the Director of the Center Based Program of Southside Family Nurturing Center to

interview staff and clients.

Interviews were held with two mothers, approximately 25 years old, three teachers, and three parent workers (social workers). The boys whom questions were asked about are both four years old and enrolled in the pre-school class. Specific information on each of the individuals will not be reported in order to maintain their confidentiality.

Research Questions

Research questions for this study were based on exploring both the risk and protective factors for children considered to be at-risk for developing problems because of their exposure to stressful environments. Research questions are:

- 1) What are the risk and protective factors that staff members and parents identify for two boys they are involved with?
- 2) How do staff support the protective factors?

Research Design

The study is exploratory in nature and is a qualitative design. The research was based on in-depth, open-ended interviews with selected parents, teachers, and parent workers from Southside Family Nurturing Center. Individuals were interviewed once by the researcher and each interview lasted for approximately one hour.

A general interview guide was developed in order to keep the interview focused on the subject area while allowing individuals to talk about their own

experiences and perspectives (Patton, 1987). Gilgun's (1993) Assessment of Risk and Protections for Children was used to develop the interview guide. Questions were asked in the general areas of: 1) family, peer, and environmental protective factors; 2) individual protective factors; and 3) family and neighborhood risk factors. The open-ended questions were generated in each of these areas to determine what staff and parents identified as both individual and environmental risk and protective factors operating in a specific child's life.

The interview guide was pre-tested on a teacher from Southside Family Nurturing Center and modifications were not deemed necessary based on the pre-test.

Data Analysis

Responses from the qualitative interviews were content analyzed for recurring themes and patterns in each of the general categories laid out in the questionnaire. The data was also content analyzed for conspicuous differences found in each of the categories. The researcher attempted to stay open and aware of other emerging patterns outside of the prescribed categories.

The method of content analysis is not a process done with the aid of statistical data; rather, Patton (1987) describes it as a creative process where intelligence, experience, and judgment are used to make decisions about the significance of the data. It is a limitation in this form of analysis if the researcher is unable to recognize and identify important information. The researcher in this study attempted to describe and interpret all of the findings; those that were

expected as well as results that were unexpected.

Limitations

There are a number of limitations in this sort of study, partly because of the nature of the research being used, i.e., exploratory and qualitative. Exploration of a topic is used when the researcher is interested in an area that is relatively new or unexplored, and as Rubin and Babbie (1989) aptly state "the chief shortcoming of exploratory studies is that they seldom provide satisfactory answers to research questions" (p. 87). While the literature on the concepts of risk factors, protective factors, and resilience are not new, little has been written about using these concepts in a practice setting.

Qualitative research by definition is the collection of detailed data on a small sample in order to discover patterns. The researcher's own expectations for the study (bias) can impact the kind of patterns that are discovered. Furthermore, the small sample size used in the study prevents the researcher from making broad generalizations based on the results.

There are a number of other limitations in this study. The mothers asked for interviews were to be representative of the population SFNC serves. It is very likely, however, that the mothers asked for interviews were not typical of the population. There were two restrictions placed on the interviewees which could have impacted the outcome of the study: 1) The researcher only interviewed mothers who had male children; and 2) mothers had to be in the program for two years before they could be interviewed. Both of these restrictions limited the

sample size, but the restriction of interviewing parents involved in the program for two years may have had an even greater impact on the study. It may be that mothers who have been in the program for a long period of time are coping better, or are more resilient themselves, than are the women who for many reasons have left the program at SFNC. In this way, the researcher may have gotten more positive information than is typical for the rest of the population SFNC serves.

It was beyond the scope of this study to use information about the program itself to illustrate how SFNC supports resilience in males. Explaining the program and job descriptions would give more depth to the kind of support staff offers clients.

V: PRESENTATION OF FINDINGS

Two mothers and five staff members were interviewed about the protective and risk factors of two four-year-old boys enrolled in SFNC's preschool program. The staff consisted of two teachers, two social workers, and one person in the dual role of social worker and teacher.

Responses from the mothers are written in the first person, and the staff's responses are grouped together according to each child. Information that may identify parents and children involved in the study has been omitted in an effort to maintain confidentiality.

Questions for the interviews were generated in two general categories: protective factors and risk factors. Subjects were asked questions regarding each child's: 1) family, peer, and environmental protective factors; 2) individual protective factors; and 3) family and neighborhood risk factors. In the category of individual protective factors, some of the personality traits were described in both positive and negative language. Since it is not known whether the traits described negatively are risk factors, both positive and negative comments will be listed as protective factors.

PROTECTIVE FACTORS

Parent-Child Relationship

The literature emphasizes that a positive parent-child relationship acts as an important protective factor for children, thus, subjects were asked to identify

qualities they observed or experienced in the parent-child relationship. Staff and parents described positive aspects of the relationship in a number of categories: communication, spending time together, discipline, interest in child's activities, and sensitivity towards the child:

Well, we get along real good, there are times when we have our ups and downs but we get along pretty good. Yeah, we do a lot of talking, he can talk to me and tell me what he feels.

He comes over and sits on my lap and he tells me what is going on, and when he's done crying or pouting, he'll say he's going to go play now.

They seem to be real close. His mom seems to spend a lot of time with him and know when he's in a bad mood and seems sensitive to his mood. She enjoys him, she laughs a lot when she talks about him.

She is nurturing with him. She shows a lot of comfort to all of her children. He cares about his mom and his mom cares a lot about him and there is some quality time spent together.

You know, he just crawled up on her lap and she just hugged him, and helped him get his shirt on and he just sat there and she just hugged him.

She positively reinforces him when he's good. She praises his work in parent-child time. I guess I haven't seen her discipline him very much. She's pretty appropriate with him, she'll give him choices.

She is pretty appropriate with her discipline with him. I mean she's got really good limit-setting with her kids, clear limits for her kids. She seems real age-appropriate with the limits she sets for him and he's a typical little boy.

Sibling Relationships

Gilgun (1993) states that sibling relationships also act as protective factors for children, therefore, subjects were asked to describe relationships the boys had with their siblings. The responses were a bit mixed since relationships were described in both positive and negative ways:

Those two fight like cats and dogs. I think they're jealous of each other. And (other sibling), those two, they're buddy, buddy. I tell (the children) you have to learn how to share me all at the same time. I think they're all jealous because they all want their own times (with mom) or something.

Like all kids, they fight and they play together, but they really stick up for each other when there are other kids around that fight with them. But they get along pretty good. They share.

Subjects stated that both children had one sibling who they felt especially close to and the relationship was described as reciprocal:

And I know that he has a brother that he's very attached to, he talks highly about him.

At nights when I put them to bed, (child) usually asks (sibling) to rub his back.

Other relationships within the family, e.g., mother and partner, siblings with each other, were described:

They (children) get along pretty good. They have their ups and downs but I don't get involved unless I have to.

Mom and partner have a pretty good relationship, (child) talks about him in a positive way here at school.

She was just telling me yesterday that (her partner) really likes kids. And how good he is. And apparently (child) adores him. I think they're really close.

Extended Family Relationships

Subjects were asked whether the children had relationships with extended family. These relationships were described as limited and at times, detrimental to the child or family. Relationships that were described in a negative fashion will be discussed under the category of risk factors. The following relationships were described positively:

She kind of looks out for her extended family. When she gets a chance she goes out there or she finds a way for when they get here they can stay with her. There are a lot of kids that come with the relatives, and so (child) would play with the cousins and interaction was good.

His uncle spoils those darn kids. He'll do whatever they want.

Family members' involvement in community

Staff and parents were asked about each family's involvement in their community and their relationships with neighbors and coworkers:

They go to the library. Mom has been involved in (community agency) support group for a number of years. Mom has made friends with (another mom) who is also in our program. I know she goes to (sibling's) school to the different functions and she's very involved in Southside.

Yeah, (involvement) with Southside and (community agency). I do things from there, and I used to go to (agency) for a support group.

There's a lot of friends that come in and out of the house. There's always people coming and going during the home visits, and it seems to be real positive. She's involved with a very strong support group and has friends that she likes and admires.

Individual Protective Factors

Subjects were asked to describe each boy's individual temperament, positive relationships within the family, sexual awareness/appropriateness, and positive extra-familial relationships. Some parts of the boys' temperaments were described in negative terms; however, these same characteristics may act as protective mechanisms for the children so they will be included in the category of protective factors. Staff and parent responses contained the following comments:

Temperament

Extreme, very volatile, also very adult in his responses. He gets his feelings hurt very easily. Once something happens to him, he hangs on

to it, he has a hard time getting past it. He's shy at certain times. He can get very sad and is getting better about using his words. Also has trouble accepting help, accepting your explanation. I'd say he gets more sad than angry, if he starts to get upset, he'll catch himself, like you can't be really angry.

He's outgoing, he can verbalize, you know, I'm mad at you, leave me alone. He's a very bright child, he can ask for things, he'll tell kids "don't do that, it's dangerous." He loves to talk.

He's more shy, he's very quiet, he's very easy to withdraw. He withdraws very quickly if somebody says something to him that makes him upset, he'll kind of shut down. I would say he seems to be more passive.

He's a pretty easy-going little kid. Seems bright, sociable, real likable little guy.

He's really outgoing like he is willing to try, if there is something at home that is his then he'll fight for it and he'll let them know it's his.

Developmentally Appropriate Sexuality

Age-appropriate sexuality has been described as an individual protective factor (Gilgun, 1993). Subjects were asked whether they thought the child's sexual awareness was age appropriate:

It's okay, age appropriate.

I have no idea about that. Do you?

He's very aware of his body. He told his mom (his cousin wanted to play kiss in the closet with him) that you know, ick, I don't like that, she wants to kiss me. He was not embarrassed, there was no anger, it was like ok, I know that I'm not supposed to do that, he didn't want anything to do with her, he stepped away from it and end of story.

I do think that he's appropriate. He's able to set boundaries with the kids if he feels that they're overstepping. He's very clear and I think he'd be able to verbalize if somebody was touching him inappropriately.

Other Secure Relationships

Mom is probably the most (secure relationship). When (social worker) was the parent worker, he'd talk about her. But he knows all of the teachers' names and he will come up to us for assurance, hugs. He is close to (sibling) who is his older brother. He talks about (mom's partner).

I would say, I think he and (sibling) are really connecting, you know, because they are so close in age and he talks a lot about him. He's very connected to his mom and mom's partner. At school it would be (teacher), he talks a lot about (teacher). His dad, when he sees him, it is very seldom he sees him, but when he does it is real important.

Peer Protective Factors

Both of the children in this study made friends with other children at SFNC.

Parents and staff were asked to identify the qualities of those relationships. They named sharing, compromising, inviting play, and limit setting:

He enjoys playing with (friend) and invites him to play with him. And there are times where he just wants to be by himself, he'll say "you can't play with me." The kids really look up to him. He has a lot of good ideas and verbally shares. He can show the positives (with friend). Some give and take but not a lot. And he likes to suggest the roles that they will play and he is easily frustrated.

He gets along with them (friends) pretty good. He has respect for them.

He will ask people to come play with him, he'll share. He shares I think more than other kids do, but then he's really good at telling kids that he doesn't want them to play, there's times when he wants to be by himself. And, he'll let them know that he doesn't want them to invade his space. You know I think all the kids like him, he's a fun kid to play with. He can share but he's able to take compromises from other kids.

RISK FACTORS

Subjects were asked about risk factors in two main categories: family and neighborhood risks.

Family Risks

Subjects identified family risks in a number of areas: family separations, family emotional cutoffs, family turmoil, and poverty.

Separations

Yeah, with their father. We separated years ago and that was hard on them. (Child) was very young, but he still knew his dad and that was hard on them because they were so close to him, they prayed for him at night.

The dad doesn't seem to be that concerned about the importance of his role.

The father of the children, he had a lot of problems, and she believes she's better off without him. I'm not sure of how that affected the children.

There's an in and out separation with the boyfriend, cuz he's in and out of the family, right now he's out and that's gotta have an effect on the children.

(Child) hadn't had contact with his real dad for several years, and he was just with his dad recently and his dad was using words like nigger, and asking him why he had a nigger hair cut. Mom told the dad that if he didn't stop using those words he couldn't see (child).

His sister, they took her away when she was right around four. Um, at one time they thought they were going to take other (sibling) away and he was kinda sad about that. That was quite upsetting to (child) because I mean that's all he's known (the sibling).

It was a problem not being able to say goodbye to her (the removal of partner's daughter), (family member) didn't even let any of us say goodbye to her.

Family Turmoil and Cutoffs

His sister moving back home, and for a while he wasn't real happy about this baby.

He's probably seen his mom abused by the boyfriend.

We don't really see her any more. It was a problem not being able to say goodbye to her.

There was another little girl (living in the home). She lived with them for all the while that (partner) has been with them, and then all of a sudden the courts awarded her to his grandmother and took her out of the home. That was hard on all of them. In (child's) eyes it must have been very peculiar.

Well, (partner's) dad died. Yeah that was hard, and that was when (family member) was giving us problems too. (Partner) he didn't want to talk to any of his friends at the time, for a whole month.

She (mother in law) comes over here when the kids are around too. She'll sit there and yell and call me names in front of the kids. You know, she'll sit there, and she'll say some pretty ridiculous things.

I don't know about her immediate family, you know I've never even heard (child) talk about a grandma or grandpa.

His biological dad was turning him (child) against his step-dad, that's right, saying derogatory (racist) things about him.

Financial Hardship

Well, I think there is always that financial stress. Not being able to have money to do all the things they want to do. But (mom) is really good at making sure that her kids get stuff. She'll make sure that they have before they have not. I think she's really good at managing the money and when she sees that it is difficult she doesn't let it get her down and she'll find a way, and plans ahead and uses the resources that are available.

They're on public assistance, and you know it's tough to raise kids on public assistance. Resources are tight.

They were struggling financially. But they seemed to make it, there always seems to be enough food and the house is always clean and the kids have clothes.

I like to struggle and show my kids it's hard, but if you know you can do it, if you really set your mind to it, you can do what needs to be done. There is no such word as I can't.

Neighborhood Risks

The neighborhoods were described in a mixed fashion:

So far so good. I hate for the summer to come around. That's when all the crazy ones come out and things get crazy. We used to live in the 4th floor and it was all right, it was a security building. But now we live in a duplex and now it's scarier for me cause I have to go outside with my kids and watch if there is someone going around there drunk, I won't let them go out for a while.

Mom does a good job to make sure she knows where her kids are and it's as safe as any neighborhood around here can be.

Kinda tough. I know the neighborhood's tough, I know that there's been problems in that neighborhood, but nothing that I've heard of them witnessing in the current neighborhood they're in right now. They've moved a lot in the last couple of years.

I think it's a decent neighborhood. It's probably one of the more decent neighborhoods from the other kids. He has a fenced-in yard, so I'm sure he's able to go in the back and have a little freedom.

I don't think it (neighborhood) worries him at all. He likes to look at the cars. He likes this street cause they get to see ambulances and accidents right out here.

Other Risk Factors

When subjects were asked about protective factors, some of the categories were verbalized as both positive and negative factors in the child's life. The areas that were described with mixed responses are: individual factors, sibling relationships, and extended family relationships.

Individual Factors

Extreme, very volatile. He gets his feelings hurt very easily and then just

starts whining. Yesterday, someone hit him, I think it was pretty much accidental, but he held on to that most of the day. Once something happens to him, he hangs on to it, he has a hard time getting past it.

He's shy at certain times. I don't think he likes to be observed and I don't think he likes to fail either.

He has trouble accepting help, accepting your explanation of what just happened.

It can be just a totally, real sad crying look, he looks like a lost puppy dog. Not necessarily a rageful anger, just more a giving up, victim, wipe-out.

He just shuts down, totally shuts down. He won't let a teacher get near him, like I can't go and comfort him, he won't take it.

He's more shy, he's very quiet, he's very easy to withdraw. He withdraws very quickly if somebody says something that makes him upset he'll kind of shut down. He'll cry more and whine instead of becoming physically upset and lashing out.

Sibling Relationships

He and his sister don't get along. He used to go and visit her on weekends when she was still in foster care and when he'd come back he'd always be very angry when he got home.

I know that his sister was away for several years when she was in foster care and he had a hard time when she came back into the picture. Because he has grown up like an only child.

Extended Family Relationships

It's just me and my kids that are up here. I have a sister that's up here but I'm not close to her. I very seldom see her.

He started seeing his dad in December. And that's pretty rough, he hadn't seen him for a couple years. I don't think that it worked well. She doesn't really talk about other relatives.

She's never really talked about her extended family. I've never heard her talk about her extended family at all. There may be some separation within the family that's not spoken about.

STAFF RESPONSES TO QUESTIONNAIRE

Social workers and teachers were asked three general questions. Each staff person was asked what s/he did in his/her role as either a social worker or teacher to impact: 1) the child's relationship with his family, friends, or other supportive people; 2) the child's family and his environment; and 3) the child's sense of himself.

Staff's impact on child's relationships with others

Teacher Responses

I'm working through his anger. I'm trying to teach him how to express his anger, try to help him from shutting down all the time. Encourage him to talk and to let it show. I try to praise his mom, tell her what a good job she's doing because I think she needs that. I think all parents need to hear that, because it's hard work.

The one thing I think that's the big impact is that I go out to the home and I do home visits. (Child) sees that mom and I do laugh together, we have a really good relationship. I think that he can see that we are very comfortable with each other. He'll come and he'll crawl on my lap and sit with me during the home visit. I think I give him that extended male affection that he doesn't always get from other men. He sees me bring stuff, when mom needs help with something, I've taken her grocery shopping and he sees me carry the groceries in and helping me. I've taken the children to Dayton's Christmas special, and I've taken mom and the kids out to eat a couple times. I've given him a real positive picture of (being male) even though I'm white, it's still a male person he can connect with.

Certainly on family days, I think the way I treat his mother, with a lot of respect, spend time with her and enjoy her. He can see that I like her. And I do a lot of modeling for the mom, which I think she picks up so that would affect how she treats him and how he responds to her. I try to structure the parent-child time so that it is non-threatening, so the moms don't expect that their children have to do it a certain way. And I encourage the mom to be accepting of (child). Like with (partner), recognizing him when he comes out to get (child), greeting him warmly. Asking (child) about his sister when she came home.

Sometimes, he'll just stand there and look real sad and you'll ask him what's wrong, and he'll say (his friend) took my motorcycle and then we give him the words to use and he can use them and get his motorcycle back or not, depending on (friend).

If there's a conflict, he doesn't respond physically. He'll come to either me or the other teacher and, I think, he's good about using his words first on his own. If that doesn't work then he'll come and get an adult to help out.

Social Worker Responses

I think that a lot of that was trust building when I was with her, and now I'm seeing the reward for that. It was hard at times, because we'd sit at home visits and she wouldn't talk to me at all. It was awful. What helped was that I started working with (child) in play therapy and that played a big part of our relationship because now I had a connection with (child). We let her know that we're not here to take her kid away, we're here to help her through whatever she's going through. We offered her support. I think my main thing with her because my time with her was so short, was the trust. And she's being more honest and open, and if I had any impact, I think that was the biggest impact was just knowing, you know, you can trust us, we're here to help you, I'm not here to judge you.

We work on parenting difficulties and parenting skills and limit setting, you know when things are tough we'll work out some suggestions or resources that are needed to make things go easier. We'll work on that. It's kind of supportive counseling around parenting issues.

What I try to do, is go for home visits when (child's) not there. Because I can get to know her in a different way and form that relationship. The visit is different when (child) is at home. He wants a lot of attention, wants to be in our conversation. And that's nice to do once in a while, just see how she deals with him, but I'm more interested in getting a trusting relationships going with ourselves. Some of that is happening, I get into it more easily than I did at first. She'll remember, we have an ongoing history, she'll say, remember I told you, etc. It takes a while to get that (history).

Staff's impact in child's environment

Teacher responses

Well, I've taken him (child) places. I suggested the Big Brother program, and I've given her things to make the house feel a little more like home and she really liked that. If she ever needed anything I would ask people here (Southside). So I do go outside the home to help and help in whatever ways I can to make their home environment more of a home. She was having problems in the apartment building and I told her she didn't have to put up with that and there were people she could talk to get help, but she's so resourceful that she'd pretty much made those connections already. But I think that I was just more of a support backing her up saying that's the right road to take, you're doing the right thing.

I have only had him for a couple of home visits, someone else has been in charge of home visits. But there would be his immediate environment, asking about what toys he has at home, and encouraging mom to display his art work. But that would be pretty specific to the house.

Social worker responses

The potential is there, and lots of that will depend on how much she'll let me in. Emotionally and stuff, mom is the kind of person, I think, who doesn't like to be told what to do. Lots of the conflicts she talks about are people who are trying to tell her what to do, or manipulate her life, or control her. So I think that I have to be careful in that regard. For now, it's just kind of tread softly and carefully if I'm invited in.

Mainly I would be a resource referral, you know if she's in a dangerous neighborhood or if she needs some supports to be safe or something, any kind of resource referral and supportive counseling. When she had a really icky time with a neighbor and there was fighting going on, you know I would give her advice and help her make calls to see what she could do. So mostly resource referral and supportive counseling again is what I do to help her with her environment.

She wouldn't let me get in that deep. That's just the bottom line. She's never going to let you in that deep, perhaps some interpersonal stuff, but not all the way. She's not going to let you know everything, it was hard to help her in that respect. She's pretty resourceful and not as needy as some of our other families. I think it helps that she has someone supportive as (partner) to help her through the problems. Where our moms, most of them are single and they're the only ones, no support,

none whatsoever. That's why I see this mom being different; she has someone she can fall back on where some of our single moms it's just them and they have to fend for their kids.

Staff's impact on child's self esteem

Teacher responses

Recognizing his feelings, helping him express his feelings, giving him words to use, being patient with him, he takes a lot of patience. Being a special person for the week, and talk about that, we have a lot of songs that are I like me, praising him whenever possible. And correcting him when its necessary. I'll be talking with him to point out that someone had it first. Trying to help him relate to other children in a positive way so that he can form friendships. A lot of affirmation and enjoying him, laughing with him. You know, he says a lot of really neat things, just letting him know that I appreciate that. He's a likeable child, and I don't think it is in a manipulative way at all. You can tell he's been around adults, the way he speaks, and it is usually very appropriate.

Being a male role model for him, we play basketball together downstairs in the gym, I let him know it's ok if he doesn't make the basket. I praise him when he does good work, when he uses his words. When we're outside in the sun, we do a lot of physical baseball, football, boy stuff, and when I work with him in here (building), you know I let him know that is ok that he can be the one at the stove cooking the food, that boys can play with dolls, you know, men can dress the babies, men can put the babies to bed. And that it's ok you know when he gets sad if he does cry and that big men can cry too. You know I think he knows that I really do care about him. I also let him know that he can't always get away with the things he wants. (I'm) very good at limit setting with him and the other kids. I really try to treat all the kids fair, so he knows that part of life is being fair. I don't shame the kids, I don't embarrass him, I'm real supportive of what he does. If he does something that's not acceptable, he does have to pay the consequences, and he'll cry, he'll get mad at me, and there's times when he's told me that he didn't like me. So I like it when he's able to say that he doesn't like me because I know that there are times when I don't like my mom, or my friend, and you get over it and then come back.

At the end of the interview, one of the parents spoke about the support she and her son receive from staff at SFNC:

Southside did a lot for my kids, it helped them to understand that grownups can't always (feel good). When the kids come back (from SFNC) and I'm not feeling too good, they'll talk about how it feels, and I look at it like, when they come to school they learn more here and it helps them too at home with things to help me around the house. I know they're small and stuff and I don't make them do too many jobs, but they have things they have to do and they understand. And I tell them, no you can't do this and they say, well the teacher at school said that it wasn't nice either. I like SFNC a lot too because if there was something wrong, that I didn't like, I'd tell the staff, I'd tell them how I feel about it, but I get along with all the staff. The teachers aren't only teachers for the kids, they're my friends too and I like that. My social worker, she's a good friend of mine and I like that, I like to get along with people. I like Southside a lot, and they respect how I feel.

VI: DISCUSSION AND IMPLICATIONS

Comparison of Findings to Literature Review

Risk Factors

Risk factors are described in the literature as elements or processes which in the context of an individual's personal development and environment make one more vulnerable to a negative outcome (Garmezy & Masten, 1986; Werner & Smith, 1989, 1992). The researcher attempted to understand the kind of risk factors impacting two boys at SFNC by asking staff and parents whether the boys were exposed to any of the following factors that are characterized in studies as risk factors: family turmoil, poverty, family separations, illness or death in the family, witnessing violence on friends or family, neighborhood turmoil and/or violence, and lack of access to recreational programs.

It was not difficult for staff members and parents to identify a number of risk factors for each child. Family separation emerged as the risk factor discussed most frequently; the children are separated from their fathers and have experienced losses with siblings and extended family members. Both of the families live at or below the poverty level, the boys have been exposed to family turmoil and/or violence, and the neighborhoods they live in are described as risky.

"He's probably seen his mom abused by the boyfriend."

"We don't really see her anymore. It was a problem not being able to say goodbye to her."

"They're on public assistance and you know, it's tough to raise kids on

public assistance. Resources are tight."

The kinds of risk factors identified and described for the children in this study do not come as a surprise. Indeed, SFNC was selected as the site for this case study because families enrolled in the program live and cope with many risk factors. "The families at Southside have multiple stresses which make them vulnerable to the risk of abuse and neglect. Compounding the family relationship stresses are issues of poverty, racism, homelessness, and powerlessness to change the systems that impact their lives" (SFNC, 1994). The boys and their families in this study are not unique to the population SFNC serves; it is likely that many of the families cope with similar risk factors.

All people experience risk factors in their lives, e.g., some of us may have lost a parent or experienced abuse as a child. Simply experiencing risk does not predispose one to a negative outcome. However, the number of risk factors experienced does affect outcome (Garmezy & Masten, 1986; Cowen et al. 1990; & Pellegrini, 1990). The more risk factors an individual lives with, the more protective factors are needed for one to cope successfully with the risks. It is the protective factors in a person's life that determine how well a person will adapt (Masten, Best, & Garmezy, 1990; Werner & Smith, 1989). The children in this study do live with a number of serious risk factors, yet there is opportunity for successful adaptation or resilience for each of the boys based on the protective factors that are also operating in their lives.

Protective Factors

Protective factors are described as influences which alleviate or alter a person's response to the risk situation (Rutter, 1985, 1987). Garmezy classified protective factors in three main categories: 1) dispositional attitudes of the child, such as positive temperament, autonomy, sociability, and positive self-esteem; 2) attributes of the family milieu, including family cohesion, warmth, and the absence of neglect; and 3) attributes of the extra-familial social environment which include the availability of social supports and external resources (cited in Pellegrini, 1990).

In an effort to identify protective mechanisms in these categories, staff and parents were asked questions in the areas of: parent-child relationship, sibling relationships, other within family relationships, peer relationships, family members' connection to community, and individual factors. Staff identified a number of protective factors for each of the boys: positive parent-child relationship, positive sibling and peer relationships, and family members' involvement in their community.

The parent-child relationship was cited as a protective factor for both children. Parents and staff described warm nurturing relationships between parents and their boys. "Well, we get along real good, there are times when we have our ups and downs but we get along pretty good. He can talk to me and tell me what he feels." The parent-child relationship is an extremely important protective factor for children, and both boys in the study are fortunate to experience this relationship as a positive one. Luthar and Zigler (1991) state that

a good relationship with at least one parental figure protects the child against the risk factors of family turmoil and child abuse. Gilgun (1991) asserts that: "The underlying factor of protective mechanisms is human relationships" (p. 180).

Other protective factors the children experience are: positive sibling and peer relationships, extended family relationships, and family members' involvement in their community. Both children have siblings and friends they are close to and both parents have some involvement in their community either through the library, community agencies, or SFNC. One of the parents was described as extremely involved in her community, the other less so. Both of the mothers described limited relationships with extended families, so support for the children and their families from this source is available, yet limited. However, other secure relationships were described as positive sources for the children: one of the boys is very close to his teacher at SFNC and the other is quite close to his mother's partner.

Staff stated that both of the boys ask for help and affection from staff. "He'll come and crawl on my lap and sit with me during the home visit. He knows all of the teachers' names and he will come up to us for assurance, hugs." Studies have indicated that individuals who experienced profound stress as children and had the support and nurturing of others were more apt to be considered resilient (Masten, Best & Garmezy, 1990; Luthar & Zigler, 1991; Werner, 1989). The boys in this study have a number of sources from which to gain support and affection. These relationships would be considered protective mechanisms.

Individual protective factors are described in the literature as temperamental disposition, autonomy, emotional expressiveness, sensitivity to self and others, and self esteem (Gilgun, 1993; Pellegrini, 1990). Boys in this study were described by the subjects in both positive and negative language: "Extreme, very volatile, he gets his feelings hurt easily. He's outgoing, he can verbalize. He's a very bright child." Both of the children were portrayed as sensitive and engaging children, while one boy was characterized as more outgoing than the other. The boys' behavior was described as passive when their feelings were hurt.

Individual attributes and temperament in relationship to environment is a complicated concept. The literature is inconclusive in determining exactly how the relationship between a child's temperament positively or negatively affects his/her environment. Luthar and Zigler (1991) suggest that children who are intelligent are more sensitive to their environment which heightens their susceptibility to stressors. Werner (1989) and Cowen et al. (1991) found that children who were described as "easy to deal with" and "good natured" were more apt to cope effectively with stress and were therefore considered more resilient than those described as difficult and temperamental.

Some of the individual factors such as temperament and disposition were described by staff in negative terms, for example, "extreme, angry, shut down". Yet the fact that these behaviors help the child cope with stressors in his/her life means that these attributes may function as protective factors. Mrazek and Mrazek (1987) state that children adopt behaviors that help them survive their

environments, but the same behaviors may be viewed negatively by others. Staff at SFNC seem aware of this dynamic and encourage the children to try other behaviors that facilitate coping in their multiple environments.

For example, one child was described by staff as very shy and withdrawn when upset. "He withdraws very quickly if somebody says something to him that makes him upset, he'll kind of shut down." This behavior was not described as troublesome by his family, perhaps because he was not acting out or hurting others when upset. Yet staff was troubled by this behavior; they were concerned that the child was bottling up his feelings and not using words to express himself.

It is important to understand the child's behavior in the context of his family system. The boy described above uses withdrawing behaviors to cope with stresses and this behavior may work very well in the context of his family and culture. However, in the environments of school and neighborhood, he may need to learn additional coping behaviors that will serve as protective factors for him. Staff can encourage the child to learn multiple responses to his different environments.

To summarize, boys in this study live with a number of risk factors, yet they also experience important protective factors which may mitigate the risks and therefore encourage resilience.

Staff support

The last part of the interview was conducted with social workers and teachers who work with the boys and their families. The researcher attempted to

understand how the staff at SFNC supports the children and their families by asking the following questions: 1) how do staff members impact the child's relationship with his family, friends, or others; 2) how do staff members impact the child's family and their environment; and 3) how do staff members impact the child?

Staff members discussed a number of ways they impacted the children and families they work with. The following are patterns or themes that were repeated throughout the interviews: 1) encouraging the child to use words to express his feelings; 2) supporting the mother emotionally and through resource referral; 3) modeling appropriate behavior to children and their parents; 4) sensitivity and respect towards mother, family, and their culture; 5) trust building with child and parent; and 6) expressing enjoyment of the child.

Encouraging the child to use words

Teachers encouraged the children to use words to express themselves: "I'm trying to teach him how to express his anger, try to help him from shutting down all the time. I encourage him to talk and to let it show." "Recognizing his feelings, helping him express his feelings, giving him words to use, being patient with him, he takes a lot of patience." These kind of responses were common throughout the interviews. Teachers expressed sensitivity toward each child's temperament and learned coping behaviors, and they encouraged the boys to use language to deal with stress.

Supporting the mother

Social workers and teachers offer both emotional and environmental support to the mothers. The staff stated they support good parenting skills demonstrated by the mothers whenever possible. "I try to praise his mom, tell her what a good job she's doing because I think she needs that. I think all parents need to hear that, because it's hard work." "We let her know that we're not here to take her kid away, we're here to help her through whatever she's going through."

Staff also stated they advocated for the mothers in a number of ways. A teacher said he has taken mothers grocery shopping and children to community activities. "If she ever needed anything, I would ask people here (Southside). So I do go outside the home to help in whatever ways I can to make their home environment more of a home." A social worker stated she offered support by finding appropriate community resources or by supporting the mother when she worked on parenting skills and limit setting.

When she's had an icky time with a neighbor and there was fighting going on, you know, I would give her advice and help her make calls to see what she could do. So mostly resource referral and supportive counseling again, is what I do to help her with her environment.

Modeling behavior

Teachers stated they modeled behaviors both for the children and their mothers. Staff noted that the parent-child activity time was a good opportunity to model how to play with and enjoy children. Parent-child time is designed for parents and children to learn to play together. The goals are to build self-esteem

and improve the parent-child interaction (Flournoy, 1990).

I do a lot of modeling for the mom, which I think she picks up on, so that would affect how she treats him and how he responds to her. I try to structure the parent-child time so that it is non-threatening, so the moms don't expect that their children have to do it a certain way. And I encourage the mom to be accepting of her child.

One of the teachers said he models flexibility in his role as a man for the boys.

When we're outside in the sun, we do a lot of physical baseball, football, boy stuff, and when I work with him in here (building), you know I let him know that it is ok for him to be at the stove cooking the food, that boys can play with dolls, you know, men can dress the babies, men can put the babies to bed. And it is okay when he gets sad if he does cry, big men can cry too.

Sensitivity, Respect, and Trust Building

Staff expressed sensitivity to parents and their children in a number of ways. Both social workers and teachers were sensitive to the cultural differences between themselves and parents. Those differences were discussed in nonjudgmental language. "There is a lot of extended family in and out. I mean, it is part of the cultural norm to have a lot of family members come and stay with her for periods of time."

Treating parents with respect was a common thread throughout the interviews with staff. Respect was expressed in both verbal and nonverbal ways. One of the teachers believed treating the mother respectfully had a positive impact on the parent-child relationship: "Certainly on family days, I think the way I treat his mother, with a lot of respect, spend time with her and enjoy her. He can see that I like her, and that would affect how she treats him and how he responds to

her." A social worker expressed her sensitivity and respect for a mother by understanding her personal boundaries:

Emotionally, mom is the kind of person I think, who doesn't like to be told what to do. Lots of the conflicts she talks about are people who are trying to tell her what to do, or manipulate her life, or control her. So I think that I have to be careful in that regard. For now, its just kind of tread softly and carefully if I'm invited in."

Trust building was another main theme repeated throughout interviews with staff. Because many of the parents are slow to trust, staff must be patient while encouraging a relationship between them. One of the social workers expressed this goal: "I think my main goal with her was the trust. If I had any impact, it was her knowing, you know, you can trust us, we're here to help you, I'm not here to judge you."

A parent spoke about the support and respect she received from staff at SFNC:

I like Southside a lot too because if there was something wrong, that I didn't like about Southside, I'd tell the staff, I'd tell them how I feel about it, but I get along with all the staff. The teachers aren't only teachers for the kids, they're my friends too and I like that. My social worker, she's a good friend of mine and I like that, I like to get along with people. I like Southside a lot, and they respect how I feel.

Expressing love towards child

Teachers have direct and consistent contact with the children at SFNC. Interviews with teaching staff brought up a number of ways teachers express their affection and concern. Affection was expressed physically and verbally: staff described holding the children, laughing with the child, enjoying the child, and limit setting with affection. Teachers also noted that the program sets up an

opportunity for each child to receive special attention from staff and others when they become a person-of-the week. Warmth and attachment towards the children was described by staff in these ways:

He'll come and he'll crawl on my lap and sit with me during the home visit. I think I give him that extended male affection that he doesn't always get from other men. You know, I think he knows that I really do care about him.

A lot of affirmation and enjoying him, laughing with him. You know, he says a lot of really neat things, just letting him know that I appreciate that.

I'm very good at limit setting with him and the other kids. I really try to treat all the kids fair, so he knows that part of life is being fair. I don't shame the kids, I don't embarrass him, I'm real supportive of him.

Overall, the staff's responses reflect Southside Family Nurturing Center's philosophy to support both the children and their families. SFNC's stated mission and goals are to "work with families to prevent abuse and neglect from occurring and to establish healthy relationships between children and adults" (SFNC, 1988). Information gathered from the interviews with teachers, social workers, and parents illustrate the ways SFNC fulfills their goal to work with families holistically.

Relevance to Research Questions

The findings reviewed above address the research questions in the following ways: 1) Staff members and parents were asked to identify the risk and protective factors for two boys at SFNC, and they clearly articulated a number of factors for both the children.

2) The second research question asks how the staff impacts the protective factors. The responses gathered from the interviews brought up a number of

ways staff members positively impact or support what the literature describes as protective mechanisms for the children. Rutter (1987) describes protection as "not the evasion of the risk, but successful engagement with it" (p. 318).

Literature in the field states that children who are considered at risk of a poor outcome because of the number of risk factors in their lives are able to be resilient, or adapt, when they also have protective factors in their lives. Staff members described a number of ways they support protective factors for the families. The staff's responses also indicate they may act as protective factors themselves, e.g., by being adults who offer supportive and nurturing relationships to the children. In this way then, staff supports and encourages resilience for males at Southside Family Nurturing Center.

VII RECOMMENDATIONS and CONCLUSION

The outcome of this study indicates that SFNC supports resilience for boys in the program. While this information is valuable in and of itself, perhaps the study can be useful to SFNC in other ways. A number of practice considerations are outlined below.

In-Service

The study can be used as a basis for an in-service training for staff members at SFNC. Staff members may benefit from understanding their clients and their practice in the theoretical framework of risk factors, protective factors, and resilience. Staff members are currently using the concept of supporting client strengths; an understanding of protective and risk factors may help broaden and expand their current knowledge and practice methods. The protective factors which are listed as important to good adaptation, or resilience, can be discussed by staff members and articulated into program goals and individual practice plans.

Interview Guide

The interview guide was adapted from an Assessment for Risks and Protections: Children, which Gilgun (1993), a social work professor at the University of Minnesota, developed for a conference on the prevention of violence in children. The questions were designed to gain information about individual and environmental risk factors and protective factors operating in a child's life.

The interview guide may be used by staff members in order to gain a clearer understanding of clients' risk and protective factors. Use of the interview guide will help staff identify the kind and number of risk factors for a child and his/her family. Staff members will also be able to identify specific protective factors operating in the family and can use this knowledge to support those protective mechanisms.

Parent support groups

Lastly, SFNC facilitates parent support groups for mothers and fathers of children enrolled in their program. The parents discuss a range of topics that impact their lives, e.g., discipline, relationships, nutrition, and personal growth. The parents (mostly mothers) articulate a desire for their children to have better lives than they have had, and they wonder whether their children will be successful in spite of the stresses in their lives. In other words, the parents have asked whether their children will be resilient.

The study can be used as curriculum for parent group education and discussion. Parents can become self-aware of their own risk and protective factors and work in tandem with parent workers and teachers to enhance protective mechanisms for themselves and their children.

Conclusion

This study was designed to explore how SFNC supports resilience in boys who are considered at risk because of their exposure to adversity. The study identified both the risk and protective factors of two boys enrolled at SFNC and

ways staff supported those protective mechanisms. Literature in the field suggests that protective factors encourage resilience for individuals. The research confirmed that staff members support protective factors for the boys and their families, which, encourages their resilience.

It isn't possible to know from the results of this study what the long-lived effects of SFNC's program is on the children and their parents. The literature describes resilience as successful adaptation to adversity, not as a fixed attribute. While the program may encourage resilience for boys while they are at SFNC, little is known about the long-term effects of this kind of support.

This study does not prove that SFNC encourages lasting resilience in ~~males~~, yet the information shared by staff and mothers indicate that SFNC's program supports protective factors for the whole family. It is the researcher's hope and personal belief that supporting the whole family encourages lasting changes and lasting resilience.

APPENDIX A

Dear Staff:

As most of you know, I am a graduate student at Augsburg College working towards completion of my Master of Social Work degree. As part of the program I am analyzing Southside's Center Based Program and writing a paper based on my findings.

The purpose of the study is to explore how Southside's Center Based Program supports male children. Information will be gathered in two ways: through an interview with you regarding a family you are currently working with, and an analysis of the Center's goals and mission. Your thoughts and ideas are very important to the study and will be used in the body of the thesis. Personal names will not be used at any time and your confidentiality will be maintained.

The results of the study will be shared with Southside staff in a summarized form. I believe staff can use the information to assess the benefits and shortcomings of the program, which in turn, will impact the development of future services. Hopefully, the thesis can also be used as a foundation for further study on the impact of early intervention programs on children.

Thank you for considering my request for an interview. If you are willing to participate, please read and complete the enclosed consent form. Please return the signed forms to me no later than February 28, 1994. Your decision whether to participate or not is completely voluntary and will not negatively impact your relationship with Southside Family Nurturing Center.

I look forward to hearing from you. If you have any questions please do not hesitate to call me at home, 922-1857.

Sincerely,

Deborah Schurman Strand
5732 Abbott Ave. So.
Minneapolis, MN 55410
(612) 922-1857

APPENDIX B

CASE STUDY: SUPPORTING RESILIENCE IN MALES

CONSENT FORM

You are invited to participate in a research study which will explore how Southside Family Nurturing Center, an early childhood prevention program for children, encourages and supports boys. You were selected as a possible participant because you are the teachers or parent workers of a boy enrolled in Southside Family Nurturing Center. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by Deborah Schurman Strand for her Masters in Social Work thesis at Augsburg College; Minneapolis, Minnesota.

Background Information:

The purpose of this study is to observe how Southside Family Nurturing Center encourages and supports boys enrolled in Southside's Center Based Program. Information will be gathered from staff and the parents of two boys as a way to illustrate how the program supports and impacts male children. The information gathered from the study may help Southside evaluate their program in order to further meet the needs of clients and perhaps promote further study on the impact of early childhood intervention programs for families.

Procedures:

If you agree to be in this study, I would ask you to participate in one interview, approximately 1 to 2 hours long, at Southside Family Nurturing Center, or a location of your choice. I would ask you questions about a boy and his family who you work with. The interview would be audiotaped and transcribed with your permission.

Risks and Benefits of Being in the Study:

I believe the study has few risks for teachers and parent workers. The interview questions would ask for your knowledge and perceptions of a child you are currently working with. You would not have to answer any question you were uncomfortable with and could move on to the next question.

Confidentiality:

The records of this study will be kept private. In any report I might publish or share with Southside Family Nurturing Center, I will not include any information that will make it possible to identify you as a participant. Research records

and audiotapes will be kept in a locked file; only I will have access to this file. Audiotapes will be destroyed after July 31, 1994.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Southside Family Nurturing Center. If you decide to participate, you are free to withdraw at any time without affecting those relationships and services.

Contacts and Questions:

The principal investigator for this research project is Deborah Schurman Strand. You may ask any questions you have now. If you have questions later, you may contact me at (612) 922-1857 after 6:00 p.m. daily or Dr. Rosemary Link, my research advisor, at (612) 330-1147.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I give permission for the typed version of my interview to be used by Deborah Schurman Strand for her thesis. I consent to participate in the study.

Signature of Staff_____ **Date**_____

Signature of Parent_____ **Date**_____

Signature of Investigator_____ **Date**_____

APPENDIX C

Dear Southside Parent:

I am a graduate student at Augsburg College working towards completion of my Master of Social Work degree. I am required to write a thesis in order to complete my degree requirements. I am writing to ask for your help by meeting with me and sharing your thoughts through an interview.

The purpose of the study is to explore how Southside's Center Based Program supports male children. Information will be gathered through interviews with you and staff members who work with your child. Your thoughts and ideas are very important to the study and will be used in the body of the thesis. Your personal names will not be used at any time and confidentiality will be maintained throughout the study.

The results of the study will be shared with Southside staff in a summarized form. I believe staff can use the information to assess the benefits and shortcomings of the program, which in turn, will impact the development of future services. Hopefully, the thesis can also be used as a foundation for further study on the impact of early intervention programs on children.

Thank you for considering my request for an interview. If you are willing to participate, please read and complete the enclosed consent form. Please return the signed forms to me no later than February 28, 1994. Your decision whether to participate or not is completely voluntary and will not negatively impact your relationship with Southside Family Nurturing Center.

I look forward to hearing from you. If you have any questions please do not hesitate to call me at home, 922-1857.

Sincerely,

Deborah Schurman Strand
5732 Abbott Ave. So.
Minneapolis, MN 55410
(612) 922-1857

APPENDIX D

CASE STUDY: SUPPORTING RESILIENCE IN MALES

CONSENT FORM

You are invited to participate in a research study which will explore how Southside Family Nurturing Center, an early childhood prevention program for children, encourages and supports boys. You were selected as a possible participant because you are the parent of a boy enrolled in Southside's Center Based Program. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by Deborah Schurman Strand for her Masters in Social Work thesis at Augsburg College; Minneapolis, Minnesota.

Background Information:

The purpose of this study is to observe how Southside Family Nurturing Center encourages and supports boys enrolled in Southside's Center Based Program. Information will be gathered from staff and the parents of two boys as a way to illustrate how the program supports and impacts male children. The information gathered from the study may help Southside evaluate their program in order to further meet the needs of clients and perhaps promote further study on the impact of early childhood intervention programs for families.

Procedures:

If you agree to be in this study, I would ask you to participate in one interview, approximately 1 to 2 hours long, at Southside Family Nurturing Center, or a location of your choice. I would ask you questions about your son. The interview would be audiotaped and transcribed with your permission.

Risks and Benefits of Being in the Study:

This study may pose some emotional risk to you. You may feel uneasy with some of the questions asked of you. **You would not be obliged to answer any questions you are uncomfortable with and would be free to move on to another question or stop the interview at any time without fear of negative consequences from Southside Family Nurturing Center.**

While there are no direct benefits to you for participating in the study, I believe you may enjoy sharing your own insights about your family and your son. You are the expert about your family and information you share is important to the study. Please be assured that the purpose of the study is to understand in a

general way how your son relates to his family and environment. I will not probe for personal details.

Confidentiality:

The records of this study will be kept private. In any report I might publish or share with Southside Family Nurturing Center, I will not include any information that will make it possible to identify you as a participant. Research records and audiotapes will be kept in a locked file; only I will have access to this file. Audiotapes will be destroyed after July 31, 1994.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Southside Family Nurturing Center. If you decide to participate, you are free to withdraw at any time without affecting those relationships and services.

Contacts and Questions:

The principal investigator for this research project is Deborah Schurman Strand. You may ask any questions you have now. If you have questions later, you may contact me at (612) 922-1857 after 6:00 p.m. daily or Dr. Rosemary Link, my research advisor, at (612) 330-1147.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I give permission for the typed version of my interview to be used by Deborah Schurman Strand for her thesis. I consent to participate in the study.

Signature of Staff _____ **Date** _____

Signature of Parent _____ **Date** _____

Signature of Investigator _____ **Date** _____

APPENDIX E

GUIDED INTERVIEW QUESTIONS

Adapted from Assessment for Risks and Protections: Children
Jane F. Gilgun, Ph.D., University of Minnesota

First of all, are there any questions you would like to ask of me?

How long have you been at Southside?

1. Tell me about the parent child relationship. What kind of qualities do you see?
2. Tell me about the child's relationships with his siblings.
3. Tell me about relationships other family members have with each other, (for example, siblings with each other, parents with other children, parents with each other).
4. Does the child have relationships with extended family or family friends? If so, can you tell me about the relationship(s)?
5. Can you tell me about the family's involvement in their community? (For example, through schools, churches, libraries).
6. Tell me about the family's relationships with: neighbors, co-workers, close friends. Is the family satisfied with those relationships?
7. Please describe the child's temperament. Is he outgoing, shy, responsive, aloof?
8. Tell me about the child's relationships within the family. Is there someone he especially feels secure with?
9. Tell me about the child's sexual awareness. Do you think it is appropriate for his age?
10. Tell me about other people who are important to the child. Do you believe they are positive role models? (For example, family friends, child's friends).

11. Tell me about the child's relationships with his friends. What are the qualities that you see?
12. How does the child respond when he is upset by something that happens in his relationships with others? (For example, friends or family).
13. Are you aware of any issues in the family that upsets the child? Can you describe those issues?
14. Does the family have financial hardships?
15. Are you aware of any separations in the family? With who?
16. Has there been illness or death in the family?
17. Tell me about where the child lives. How do you feel about his neighborhood.
18. Tell me about what the child sees in his neighborhood. Has he seen things in the neighborhood that worries or upsets him?
19. Tell me about the child's access to recreational programs and libraries.
20. Has the child seen any friends or family hurt by violence?

Questions for Staff Only:

1. What do you do in your role as (teacher, parent worker) to impact the child's relationships with:

A. parents, siblings, extended family, friends, neighbors or other supportive people?
2. What do you do in your role to impact the child's family in the following areas:

A: family violence, violence in neighborhoods, emotional distance or separations, poverty, neighborhood influences, recreational possibilities?
3. What do you do in your role to impact the child's sense of himself?

Do you have any questions of me now? Thank you for your time.

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